

APPLICATION FOR SUB PLAN BENEFITS

Southern California IBEW-NECA Supplemental Unemployment Benefit Trust Fund
Local 11 Inside Wiremen, Intelligent
Transportation, Inspectors and Railroad Workers
6023 Garfield Avenue, Commerce, CA 90040
(323) 221-5861 (800) 824-6935 Fax (323) 726-3520

In accordance with the provisions of the Plan, I hereby apply for benefits under the (SUB) Supplemental Unemployment Benefit Trust Fund.

Name _____

Social Security # _____

Street Address _____ Phone No. _____

City _____ State _____ Zip Code _____

1. Last Date Worked _____

2. Last Employer _____

3.

a. Journeymen (attach copy of out of work book registration verification)

b. Apprentices (attach copy of ETI lay off notice)

4. Date Applied for State of California Unemployment Benefits _____
(attach copy of proof)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that this declaration is executed on _____ at _____, California. _____

Signature

You are responsible for paying any applicable federal, state and local taxes incurred as a result of the payment of benefits under the Plan. Supplemental Unemployment Benefits are subject to income tax withholding and other tax withholding by the Plan to the extent required by the IRS code or other applicable law. You should contact your tax adviser for more information.

PLEASE DO NO WRITE BELOW THIS AREA

(Office use only)

SOUTHERN CALIFORNIA IBEW-NECA SUB TRUST FUND

Begin Date _____

End Date _____

Distribution: File
IBEW Local 11
LA NECA